

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

RECEIVED
 Date Stamp (Received)
JUL 27 2021
 Bayfield Co.
 Planning and Zoning Agency



Permit #:	21-0267
Date:	8-17-21
Amount Paid:	\$75 8-17-21
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Original Application **MUST** be submitted **FAIL OUT IN INK (NO PENCIL)**

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		John Robert Henglich		Mailing Address:		9475 Sunnyside Ln		City/State/Zip: Port Wing, WI 54865	
Address of Property:		9475 Sunnyside Lane		City/State/Zip:		Port Wing, WI 54865		Telephone: 218-464-7662	
Contractor:		self		Contractor Phone:		Plumber:		Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID#		Recorded Document: (Showing Ownership)		2017R 571254	
E 1/2 E 1/2 NE NW		Gov't Lot		Lot(s)		CSM		Vol & Page	
1/4, 1/4								Subdivision:	
Section 32		Township 50 N, Range 08 W		Town of: Port Wing, WI		Lot Size		Acreage 10.0	

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage? If yes---continue →	Distance Structure is from Shoreline: _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$39000 20,000 Building	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: HT	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if addition, alteration or business is being applied for)	Length: 48'	Width: 40'	Height: 12'
Proposed Construction: (overall dimensions)	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use	with a Deck	(X)	
	with (2nd) Deck	(X)	
	with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/> Addition/Alteration (explain) _____	(X)	
	<input checked="" type="checkbox"/> Accessory Building (explain) Pole Barn / garage	(40 X 48)	1920
	<input type="checkbox"/> Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/> Special Use: (explain) _____	(X)	
	<input type="checkbox"/> Conditional Use: (explain) _____	(X)	
<input type="checkbox"/> Other: (explain) _____	(X)		

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): John Robert Henglich Date: 7/21/21
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

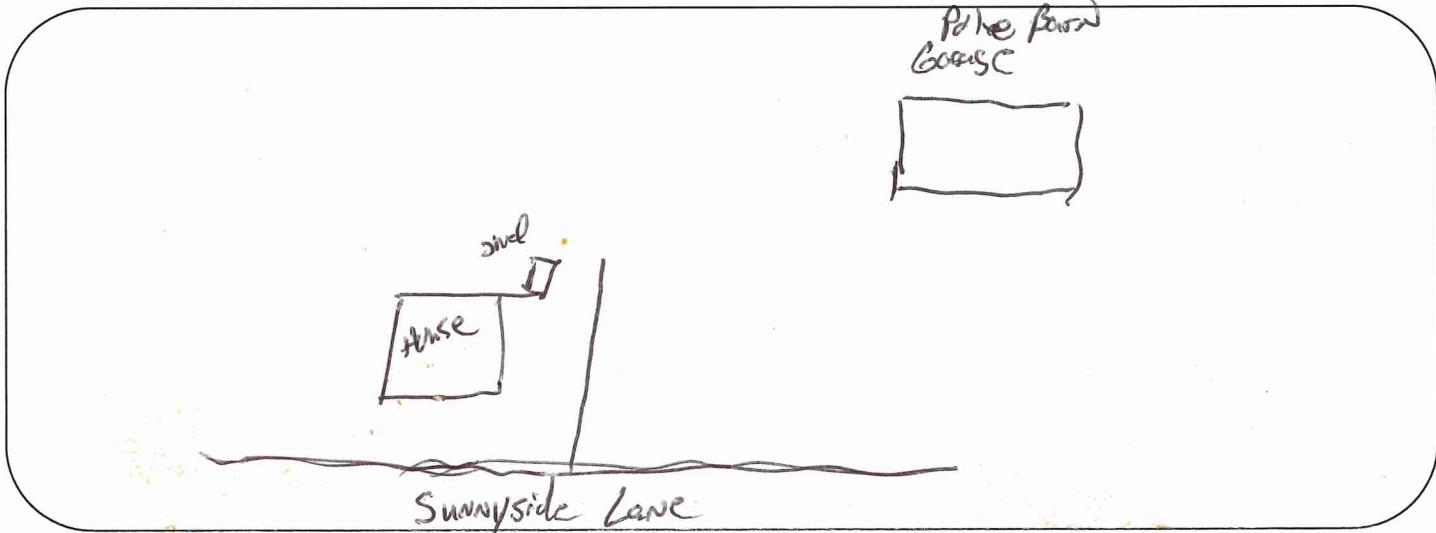
Address to send permit: 9475 Sunnyside Lane Port Wing, WI 54865
 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink - **NO PENCIL**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N)** on Plot Plan
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
- (4) Show: **All Existing Structures** on your Property
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	240 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	207 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	240 Feet		
Setback from the South Lot Line	1000 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	50 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	240 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	140 Feet	Setback to Well	150 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s): All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

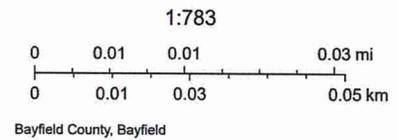
Issuance Information (County Use Only)		Sanitary Number: 367358	# of bedrooms: 4	Sanitary Date: 8-29-00
Permit Denied (Date):		Reason for Denial:		
Permit #: 21-0267		Permit Date: 8-17-21		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created		Were Property Lines Represented by Owner		Was Property Surveyed
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: Owned on site and identified project location, owned identified PL. Mapped wetland boundary appears to be tag Alder thicket. that owner notified owner that structure needs to be 25' from wetland.		Zoning District (R1)		Lakes Classification (-)
Date of Inspection: 8-3-21		Inspected by: Todd Norwood		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
Structure not for human habitation/sleeping purposes. No pressurized water or plumbing allowed inside structure. must meet and maintain setbacks.				
Signature of Inspector: Todd Norwood				Date of Approval: 8-6-21
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

Bayfield County, WI



8/6/2021, 9:15:29 AM

- | | |
|-----------------------------|---------------------------------|
| Wetlands | Corner Tie Sheets |
| Meander Lines | Section Corner Monument on File |
| Approximate Parcel Boundary | Building Footprint 2009-2015 |
| Section Lines | Existing |
| Municipal Boundary | New |
| All Roads | Driveways |
| Town | Buildings |



Real Estate Bayfield County Property Listing

Today's Date: 7/14/2021

Property Status: Current

Created On: 3/15/2006 1:15:59 PM

Description Updated: 12/21/2017

Tax ID: 28590
PIN: 04-042-2-50-08-33-2 01-000-10000
 Legacy PIN: 042108007000
 Map ID:
 Municipality: (042) TOWN OF PORT WING
 STR: S33 T50N R08W
 Description: E 1/2 E 1/2 NE NW IN DOC 2017R-571254 616
 Recorded Acres: 10.000
 Calculated Acres: 9.756
 Lottery Claims: 0
 First Dollar: Yes
 Zoning: (R-1) Residential-1
 ESN: 127

Tax Districts Updated: 3/15/2006

1	STATE
04	COUNTY
042	TOWN OF PORT WING
044522	SCHL-SOUTHSHORE
001700	TECHNICAL COLLEGE

Recorded Documents Updated: 3/15/2006

WARRANTY DEED
 Date Recorded: 12/19/2017 **2017R-571254**

CONVERSION
 Date Recorded: 498865 735-275;916-932

WARRANTY DEED
 Date Recorded: 5/3/2005 2005R-498865 916-932

Ownership Updated: 12/21/2017

JOHN ROBERT HAUGLID ESKO MN

Billing Address: **JOHN ROBERT HAUGLID**
 299 E HAFNEY RD
 ESKO MN 55733

Mailing Address: **JOHN ROBERT HAUGLID**
 299 E HAFNEY RD
 ESKO MN 55733

Site Address * indicates Private Road

9475 SUNNYSIDE LN PORT WING 54865

Property Assessment Updated: 5/29/2014

2021 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	2.000	8,100	74,100
G6-PRODUCTIVE FOREST	8.000	10,400	0

2-Year Comparison

	2020	2021	Change
Land:	18,500	18,500	0.0%
Improved:	74,100	74,100	0.0%
Total:	92,600	92,600	0.0%

Property History

N/A

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **21-0267** Issued To: **John Hauglid**

E ½ of the E ½ of
Location: **NE ¼ of NW ¼** Section **33** Township **50** N. Range **8** W. Town of **Port Wing**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Pole Barn (40' x 48') = 1,920 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Structure not for human habitation / sleeping purposes. No pressurized water or plumbing allowed inside structure. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

August 17, 2021

Date